

TIME AND EXPENSE SHEET

Name _____ Organization _____

Date	Scope-of-Work Item Number ¹	Description of Donation or Expenditure ²	Miles or Hours	x	Rate ³	=	Cash Expend. Amount	or	Donation Amount

\$ _____ \$ _____
Total Cash Total
Expenditures Donations

(Transfer these totals to Reimbursement Request Summary Sheet.)

NOTES:
¹See Attachment B of contract for Scope-of-Work Item Numbers.
²Attach receipts for all cash expenditures listed on this page.
³Rate: .365 per mile for travel expenses; \$5.15 per hour for all work performed.
Only qualified professionals may count a higher rate. Their rate and qualifications must be justified in writing.

Signature _____